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|---|-----------|--|--|---|-----------|---|----|---|----|--|----|--|----|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>   |           | Docket No. (Optional)<br>M4065.0151/P151-A |  |   |           |   |    |   |    |  |    |  |    |
| In re Application of     Vishnu K. Agarwal et al.   |           |  |  |   |           |   |    |   |    |  |    |  |    |
| Application Number<br>09/930,960  |           | Filed<br>August 17, 2001                   |  |   |           |   |    |   |    |  |    |  |    |
| For:     MULTILAYER ELECTRODE FOR A FERROELECTRIC CAPACITOR   |           |  |  |   |           |   |    |   |    |  |    |  |    |
| Art Unit     2814   |           | Examiner     T. T. Doan                    |  |   |           |   |    |   |    |  |    |  |    |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 60%;"><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 40%; text-align: right;">\$ 110.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number     04-1073</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the     <input type="checkbox"/> applicant/inventor.</p> <p style="margin-left: 100px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 100px;"><input type="checkbox"/> attorney or agent of record. Registration Number</p> <p style="margin-left: 100px;"><input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br/>Registration number if acting under 37 CFR 1.34(a)     28,371</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>March 19, 2004<br/>Date</p><p>(202) 828-2232<br/>Telephone Number</p></div><div style="width: 45%; text-align: center;"><p>Signature</p><p>Thomas J. D'Amico<br/>Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> |           |  |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$ 110.00 |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$        |  |  |   |           |   |    |   |    |  |    |  |    |
| <input type="checkbox"/> Total of     1     forms are submitted.  |           |  |  |   |           |   |    |   |    |  |    |  |    |